CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT /	2.a. NAME OF CA	ANDIDATE OR C	OMMITTEE				
1/20/2011		R. GEE					
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DA	JE		
				11/2/	10		
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone		
4. 0. 0	IGNAL MIN	, .		37377	413-886-2527		
4.b. CANDIDATE'S HOME ADDRESS (if differen	it than 4.a.)	•	/ N.	01011	TW 006-12 V		
Street or Rural Route	City		State	Zip Code	Phone		
OFFICE SOUGHT (include district number, i	f applicable)	6. NAME O	F DOLUTION :	TDE A CUIDED (. h		
				TREASURER (may	be candidate)		
7. CATEGORY OR REPORT (Check one)	MTN.	LYN	NW.	COOPER			
FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MIDVEAD	VEAREND		
QUARTER QUARTER QUARTER		PRIMARY	GENERAL	MID-YEAR SUPPLEMENT	YEAR-END AL SUPPLEMENTAL		
8.a. BEGINNING DATE OF REPORTING PERIOD				ORTING PERIOD			
9. (Check one)		JAN	15,11				
This campaign is exempt from detaile tures total \$1,000 or less for this report	ed disclosure becaus orting period. (Comp	se contributions plete items 12d.	(including in-ki 12e, and 12f.)	nd) received total \$	1,000 or less AND expendi-		
tures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)							
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.							
10. I/we do solemnly swear or affirm that the i	nformation contained	in this campai	gn financial dis	sclosure report is tr	ue and that this report is an		
accurate accounting of campaign contributi Financial Disclosure Act. Additionally, I/we	swear or affirm that	no campaign co	ontributions has	ve been expended	ttee by the Campaign for the personal financial		
benefit of the candidate or for any other no	npolitical purpose as	defined by the	federal interna	revenue code.			
signature of candidate	pate	+	signature	of political treasurer	1/20 (1		
	,			or political trougalor	i date		
11. WITNESS SIGNATURE							
	1-20-11						
signature of witness	7-90-11	_	-1				
bigitature of witheas	uate		signa	ture of witness	date		
12. SUMMARY							
a. BALANCE ON HAND LAST RÉPORT				. 584	17		
a. BALANCE ON HAND LAST REPORT				\$	44		
b. TOTAL RECEIPTS THIS PERIOD				\$	00		
6 TOTAL DISPLIBEEMENTS THE PERIOD							
c. TOTAL DISBURSEMENTS THIS PERIOD							
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)				s 664.17		
e. TOTAL LOANS OUTSTANDING	QC: UJ +7	NAC II			\$		
					<i>h</i>		
f. TOTAL OBLIGATIONS OUTSTANDING.	MOISSIM	100			\$		
23 2	ILLON CO.	MAII		2	1		



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COVERING THE PER/OD						
DESCRIPTION R. GEE		FROM: 10/14/10 TO: 1/15/11						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)\$\$								
b. Itemized Contributions (over \$100 from each source this period)		\$						
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$								
16. LOANS RECEIVED THIS REPORTING PERIOD\$								
17. INTEREST RECEIVED THIS REPORTING PERIOD\$								
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)								
DISBURSEMENTS								
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be listed	by category - e	e.g., printing, postage, gasoline)						
	\$							
	\$							
	\$							
	\$							
	\$							
*	\$	<u> </u>						
	\$							
	\$							
	\$							
Total of Expenditures (\$100 or less each payee)								
b. Itemized Expenditures (Over \$100 each payee this period)								
	c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)\$							
20. LOAN REPAYMENTS MADE THIS PERIOD\$								
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)\$								
22.IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$								
b. Itemized in-kind contributions (over \$100 from each source this period)\$								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$								
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)\$								
b. Itemized Obligations Outstanding (Over \$100 each)\$								
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$								



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	RING THE PERIOD /
			***************************************	FROM: 10/24/10	TO: 1/15/11
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	IONS FRO	OM PRECEDING PAG	GE (enter \$0 if first itemized p	age)	Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED CONTRIBUTION (contributions totaling more than S	\$100 from any contributor	.)
First Name BILL	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name WILKERSON			Primary Election		
Address 306 BRADY POINT RD			Runoff (Local Election	Som	
City SIGNAL MTN	State Zip Code 37377		Date of Contribution		Aggregate This Election
			Oct 31, 1	0	
Occupation ARCHIECT Employer DERTHICK HENLEY WILKERSON					
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election		
Address		Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer			1		
				,	
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	General Election		
Address		Runoff (Local Elections Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		1			
Employer					
First Name	I Made No.				
	Middle Nan	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election General Election			
Address		Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer		н			*
5. TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					80.00
Control of the section of the amount must	. 20 01.0111111	roo. or summary.)			00.00